



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES

ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) APPLICATION PROCESS

OWTS APPLICATION INFORMATION	
APPLICATION NUMBER	DATE APPLICATION RECEIVED
COUNTY	
SITE ADDRESS	
OWNER'S NAME	INSTALLER'S NAME
DAYTIME PHONE	DAYTIME PHONE
EVENING PHONE	EVENING PHONE
INSTALLER OR OWNER CONTACT-DATE	

DATE REVIEWED	REVIEWING EPHS
COMMENTS	
PRELIMINARY SITE INSPECTION DATE	
COMMENTS	
PERMIT ISSUED DATE	
FINAL INSPECTION DATE	
CERTIFICATION FORM SENT DATE (KEEP A COPY OF FORM IN FILE)	CERTIFICATION FORM RECEIVED DATE
CERTIFICATION SYSTEM WITHOUT ONSITE INSPECTION ACCEPTED DATE	
INSTALLATION APPROVAL DATE	

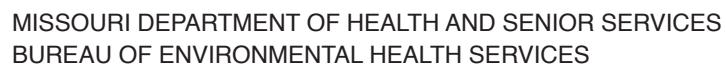


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ONSITE WASTEWATER TREATMENT SYSTEM (OWTS) APPLICATION PROCESS

SITE EVALUATION REVIEW SHEET

APPLICATION NUMBER		DATE	
TYPE OF SITE EVALUATION <input type="checkbox"/> SOIL MORPHOLOGY <input type="checkbox"/> PERCOLATION TEST			
	PIT/CORE #1	PIT/CORE #2	PIT/CORE #3
a) TOPOGRAPHY:			
b) TEXTURE:			
c) STRUCTURE:			
d) DRAINAGE:			
e) THICKNESS:			
f) RESTRICTIVE HORIZON:			
g) AVAILABLE SPACE			
OVERALL			
DAILY FLOW			
LOADING RATE			
TREATMENT UNIT SIZE			
FIELD SIZE			
TANK/FIELD SETBACKS			
VARIANCES REQUESTED			
NOTES			



CONTACT LOG

DATE
